

State of Hawaii  
Department of Health  
Family Health Services Division  
Children with Special Health Needs Branch  
Early Intervention Section (EIS)

**Addendum 1**

**December 21, 2007**

**To**

**Request for Proposals**

**RFP No. HTH 560-CG-09-2**  
**Services for Children with Complex Medical Needs**

Issued: November 27, 2007

December 21, 2007

**ADDENDUM NO. 1**

To

**REQUEST FOR PROPOSALS  
Services for Children with Complex Medical Needs  
HTH 560-CG-09-2**

The Department of Health, Family Health Services Division, Children with Special Health Needs Branch, Early Intervention Section is issuing this addendum to HTH 560-CG-09-2, Services for Children with Complex Medical Needs, for the purposes of:

- ☒ Responding to questions that arose at the orientation meeting of December 11, 2007 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- ☒ Amending the RFP.
- ☐ Final Revised Proposals

The proposal submittal deadline:

- ☐ is amended to <Date>
- ☒ is not amended.
- ☐ for Final Revised Proposals is <date>.

Attached is (are):

- ☒ A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- ☒ Amendments to the RFP.
- ☐ Details of the request for final revised proposals.

If you have any questions, contact:  
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HTH 560-CG-09-2 Services for Children with Complex Medical Needs is amended as follows:

<i><b>Subsection</b></i>	<i><b>Page</b></i>	
<b>Section 1, Administrative Overview</b>		
No Changes		
<b>Section 2, Service Specifications</b>		
III. B. 1. b.,	2-10	<b>Any</b> reference in this RFP to the terms Occupational Therapy Aide or Physical Therapy Aide is amended to read: Occupational Therapy Assistant and Physical Therapy Assistant.
<b>Section 3, Proposal Application</b>		
II. D. Facilities – item, The Applicant shall also: (first bullet)	3-4	Provide data on the number of square feet needed to ensure adequate work areas for staff and other activities that may need to be provided at the program site. In determining and justifying square footage, the Applicant shall take into consideration that at least 80% of the children shall receive services in a natural environment, not at the program site.
IV. A. 11. <u>Provide</u> <u>information on</u> <u>days/times of</u> <u>program</u> <u>operation.</u> Item Days/Times:	3-10	Days/Times: (e.g. Daytime = 7:45 am to 4:30 pm; evening = 4:30 pm to 7:30 pm)
<b>Section 4, Proposal Evaluation</b>		
III. Evaluation Criteria, Phase 1 – Evaluation of Proposal Requirements, item 1. Administrative Requirements, third bullet.		Amended to read: Direct service staff resumes
III. Evaluation		

Criteria, Phase  
2 – Evaluation  
of Proposal  
Application,  
item 3. Service  
Activities and  
Management  
Requirements,  
tenth (10<sup>th</sup>)  
bullet...Provide  
services in  
natural  
environments...

Amended to read: Provide services in natural environments and at times/days to support family needs, describing: the program's intent and capacity to provide services in the following settings, including the family's home, community preschool or day care home, or other community locations; and the program's intent and capacity to provide service during workday and weekend hours (e.g. 7:45 a.m. to 4:30 p.m) as well a evening hours (e.g. 4.30 p.m. to 7:30 p.m.) Based on the geographical area applying for, provide specific examples of community locations where the services may be provided.

## **Section 5, Attachments**

No Changes

1. Section 4 III “Program overview” 3: Bullet 1 (Related and accept/process referrals) – Describe how applicant will handle referrals that are in excess of the children they are contracted to service) – a) please describe the current EIS procedure to handle referrals in excess of contracted #s and b) please describe what EIS considers the acceptable and appropriate process/procedure to handle referrals that are > contracted #'s for new grant year.

Response:

There are currently no formal EIS procedures to handle referrals that are in excess of the estimated contracted numbers of children. The Applicant shall be evaluated on their approach/plan as to how they will handle referrals that are in excess of the estimated number of children they are contracted to serve, knowing that they are responsible for accepting all referrals in their geographic area.

2. Will staff be “capped” at 1297 for billing, i.e. will they be reimbursed for hours billed over 1297?

Response:

No – there is no cap. However, prior written approval by the EIS Supervisor shall be required for any individual direct service staff member who is projected to exceed 1297 billable hours.

3. Please clarify required Doc’s for Proposal Application Checklist? Are some x’s missing

Response:

No.

4. Can you and will you ask for clarification of answers that are ambiguous. Will you contact the agency after the proposal is submitted to ask for clarification?

Response:

Pursuant to section 3-143-403, (b) (1) of the HAR for chapter 103F, HRS, the purchasing agency may engage in discussions with applicants to clarify elements of the request for proposal or the proposal.

5. Please clarify “alternative services” for Part C (page 3-2) II Experience and Capability A.

Response:

Alternative services are health and human services other than what is specified in the RFP.

6. Page 3-2 give examples of a proprietor who may apply (Applicant) for a contract.

Response:

See section 1, Administrative Overview, item III. Authority.

7. Describe the appropriate experience for providing OT, PT, etc. to O-3 population.

Response:

If the question is referring to appropriate qualifications, please see Section 1, item II 13 – Hawaii Early Intervention State Plan; if the question is asking about experience related to delivery of the proposed services, see Section 2, item III. Scope of Work.

8. What is meant by “alternative” services to the 0-3 population

Response:

Alternative services are health and human services other than what is specified in the RFP.

9. Please clarify as to (page 2-10) communication side vs communication assistant and physical therapy assistant or aide, speech aide or speech assistant (page 3-4)

Response:

We are assuming the question is referring to communication aide. Any reference in this RFP to Occupational Therapy Aide or Physical Therapy Aide is amended to read Occupational Therapy Assistant and Physical Therapy Assistant. This response is an amended change to the RFP which will be posted as Addendum 1. There is no reference to speech aide, speech assistant, or communication assistant position in the RFP.

10. Do we need to include a copy of the license for OT’s, PT’s, etc.?

Response:

No. Submittal of resumes is acceptable.

11. Which records are covered under FERP and which records are cover under HIPAA?

Response:

We are assuming that FERP is referring to FERPA. All early intervention records are covered under FERPA. Any medical information pertaining to a child receiving early intervention services, but not part of a child’s early intervention record, shall be covered under HIPAA.

12. Please clarify on Budget form Attachment D-4. Please explain how to calculate “G”, “EIS Mandated training”

Response:

Refer to Attachment D-1, Billable Activities: EIS Mandated Training.

13. Please explain why “home program” is no longer listed as a billable activity

Response:

There is no billable activity referred to as “home program”. Services deemed billable activities are listed in section 2, III A. 6. on page 2-8 of the RFP.

14. Section 2 (p. 2-12) - please explain section “K” on p. 2-12.

Response: (Sue)

As additional funding sources are identified, either through federal reimbursements or other third party billing, the DOH expects the full cooperation of the Awardee in furnishing whatever additional information is needed to maximize those efforts.

15. Section 2 (p. 2-8) - please explain what you mean by the program will provide or link children and families to “transportation and related costs that are necessary to enable the infant or toddler and the family to receive other services.”

Response: (Sue)

Awardee shall either provide, or make arrangements for, transportation, but only to receive those service(s) listed in section 2, III A. 6. on page 2-8.

16. Section 2 (p. 2-8) – please explain/clarify what you mean by a program will provide or link children and families to “early identification, screening, and assessment”?

Response:

Awardee shall provide Comprehensive Developmental Evaluation (CDE).

17. Section 2 (p. 2-6) – why is parental choice not an appropriate justification for services not being in a natural environment? On page 2-8, you state that “all services shall be delivered as conveniently and non-intrusively as possible; this seems contradictory.

Response:

Parental choice, in and of itself, is not appropriate justification. The care coordinator, in concert with the family, should identify all possible appropriate locations for the delivery of services.

18. This question is to confirm that on page 3-4, the first bullet at the top of the page should be “80%” per Sue Brown (as noted at RFP meeting on 12/11/07)

Response:

This is an amended change which will be in Addendum 1 and posted. 80% is correct.

19. Mandatory Training: what types of training are considered mandatory training?

Response: (Sue)

Any training deemed appropriate and necessary by EIS.

20. Characteristics of billable staff: on page 307, of the RFP #3, Bullet 4 states “Describe the characteristic and background of individuals who may be responsible for providing intake services”. Please clarify the definition of “characteristic” – is this basically referring to “qualifications”?

Response:

Yes.

21. Service Delivery/Service Activities: on page 3-6 #1 (2<sup>nd</sup> bullet point), please clarify what you mean by “how will the applicant handle referrals in excess of the children they are contracted to service”. We are assuming this is relating to how the program plans to staff and administer excess referrals, or are you saying that programs must expect to get referrals above their contract amounts, and not be paid for them?

Response:

Assumption is correct – how does Applicant/program plan to staff and administer for excess referrals. We are not saying programs must expect to get referrals above their contract amounts and not be paid for them.

22. In Section 4, Evaluation Criteria III: 2<sup>nd</sup> page, third bullet point under #1 Administrative Requirements, it says – “Required direct service staff licenses/certificates.” However, on page 3-5, it says “include resumes of proposed” and at the RFI meeting we were told that we did not have to attach staff licenses or certificates. Do we now need to attach copies of the licenses/certificates? Please advise.

Response:

No. Submittal of resumes is sufficient.

23. Multi-disciplinary/transdisciplinary/inter-disciplinary: throughout the RFP these 3 terms are used interchangeably and we feel they describe different concepts.

Response: (Sue)

For purposes of this RFP, all three terms refer to the use of a team composed of, and utilizing, the skills and knowledge of multiple disciplines, depending on the needs of the child. Refer to Section 2, item III Scope of Work, second paragraph.

24. Geographic Area: on page 2-4 at the top of the page, it indicates that programs will accept additional referrals from ECSP programs outside their geographical area. The RFP further states in 2-4 that "...Families needed alternate referral options shall be referred to the closest contracted provider. The purchasing agency reserves the right to refer no families to contracted provider agencies other than those families who reside within the provider's contracted geographical area". Firstly what/who will determine the procedure for ECSP programs sending referrals to POS programs should ECSP programs be at capacity? Secondly, the sentence above doesn't necessarily sound clear?

Response:

Procedures to refer families living outside the programs geographical area will be determined by the EIS Supervisor.

25. Linking and Natural Environments: there appears to be a paragraph that is out of place regarding the above two subjects. On page 3-8 #6, it says Provide or Link children and families with the following services". The third bullet, however, describes how to provide services in the natural environment. Please clarify the difference between this bullet and item #10 "Provide services in natural environments" on page 3-9. Confusing as to why would we discuss natural environments in Section 6, which relates more to linking services to families and then repeat itself again in section #10. Basically the third bullet point on 3-8 is redundant.

Response:

Examples of appropriate natural environments in the geographic region for which the Applicant is applying need only be listed once under item 10. page 3-9. For item 6. on page 3-8, description of how families will be encouraged to have services provided within the child and family's natural environment still needs to be addressed.

26. Assistants versus Aides: There appears to be an interchange/inconsistency in the titles of Assistants and Aides used in the RFP versus your billing definitions. In the billing definitions, there is reference to Certified Assistants (COTA's, PTA's), however, in the RFP, they are referred to as Aides (page 3-4 & 2-10) under Direct Staff. There is a big difference in these two designations, as a COTA and PTA require certain levels of education and certification. Aides on the other hand can be anyone with background in that particular area and does not necessarily require a degree. I would think that a COTA or PTA fall into the category of "Assistants" for billing purposes, but aides most likely fall into a paraprofessional billing category, unless they have a 4-year degree.

Response:

Any reference in this RFP to Occupational Therapy Aide or Physical Therapy Aide is amended to read Occupational Therapy Assistant and Physical Therapy Assistant. This response is an amended change to the RFP which will be posted as Addendum 1.

27. On page 3-2 Experience A.1: The **DRAFT** RFP said "Note: if Applicant CAN respond to the first bullet, responding to the other bullets are not necessary. If the Applicant CANNOT respond to the first bullet, Applicant should respond to the 2<sup>nd</sup> and 3<sup>rd</sup> bullets." This statement is not present in the final RFP. Under the new RFP, in section 4.1 Experience, points are given for ALL 3 bullets. Under this new rating format, we are not comfortable with the reduced 25 points given to completing the first bullet point at an

outstanding level. We respect and understand that partial points/credit is a reasonable concept for an organization that has services which are related in nature to the services per your description in the RFP. However, we strongly feel that more points should be allotted for having outstanding experience in this **specific service** required of the RFP (early intervention for 0-3 populations including PT, OTR, SLP, SPED, and social work, etc.) We feel by answering the first bullet point with an outstanding level of experience, an organization should be allotted the full 40 points as your first/initial RFP indicates. Our concern becomes even more crucial when you recognize that only 70 total points of the 280 is allotted to the entire Experience and Capability Section and 15 of those points is given to an organization for simply having experience in a “related service.”

Response:

The concerns are noted. However, it is in the best interests of the purchasing agency to consider the overall experience of all Applicants.

28. Under Section 4 III.1.A (Experience), Question: Why is an applicant that has bullet 1 and bullets 2 and/or 3 experience being given a significantly higher point potential (30 to 40 points) when compared to an applicant that has bullet 1 experience only (25 points)?

Response:

The concerns are noted. However, it is in the best interests of the purchasing agency to consider the overall experience of all Applicants.